



## Partnership Application

**Establishment Name:** \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

DBPR License Number: \_\_\_\_\_ Website: \_\_\_\_\_

**Owner/ Applicant Name:** \_\_\_\_\_

Check all that apply: ☐ Owner ☐ Manager ☐ Partner ☐ Other \_\_\_\_\_

Are there multiple locations of this restaurant you want listed as part of the program? ☐ No ☐ Yes

Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Please initial beside the statement in agreement.

I understand and agree to follow the qualification standards. \_\_\_\_\_

I am willing to utilize HCR's media kit and promotional guidelines in the restaurant. \_\_\_\_\_

I am willing to meet with HCR staff as part of the start-up process. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return application packet to mailing address:**

DOH-Escambia  
Attn: CHEN/HCR  
1295 W. Fairfield Dr.  
Pensacola, FL 32501

Or

Fax: 850-595-0062

Or

Email: [calee-lyn.chenault@flhealth.gov](mailto:calee-lyn.chenault@flhealth.gov)

**For questions, call 850-595-6500 ext: 1813**